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HISTORY AFFIDAVIT

Please print or type The Department of Motor Vehicles requests that you complete this statement regarding the history of the vehicle, as you know it. Year _____ Make _____ Vehicle Identification Number (VIN) How did you obtain this vehicle? What happened to the title or other required documents? How long have you owned this vehicle and how long had the previous owners had it? Other comments that will help substantiate ownership: Printed Name _____ _____ Date ____ Signature ____ Mailing Address: __

City

State

Zip Code

Street